

**Public Health Committee****House Bill No. 6200****AN ACT CONCERNING THE USE OF LONG-TERM ANTIBIOTICS FOR THE TREATMENT OF LYME DISEASE.****Beatrice M. Szantyr, MD, FAAP**

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**Gentlepersons:**

I am an internist/pediatrician who grew up in Connecticut, whose family has been in Connecticut for more than three generations, most living there still. In addition to my Maine Medical License, I held a Connecticut License for 19 years. I came to Maine after completing my residency, as part of the National Health Service Corps, providing healthcare in a health manpower shortage area. I write now in support of **H.B. 6200**.

As a physician educated at the University of Connecticut School of Medicine, I was well trained to evaluate patients of every level of complexity, to evaluate and choose among treatment options, to discerningly read and utilize the medical literature, and to prescribe for and follow my patients and their progress, re-evaluating and adjusting therapy in an individualized way for each patient. We expect this of our physicians. Patient-centered, person-specific care.

There is currently considerable controversy in the diagnosis and treatment of Lyme disease. More than one treatment strategy, amply supported in the medical literature, has emerged. A discerning physician works with his or her patients to choose among treatment options. We do it every day. That physician must be able to exercise judgment to guide his or her patients, without fear of disciplinary repercussions based solely on a specific treatment regimen well within his or her purview to employ. To restrict practice by threat of disciplinary action assures that medicine stagnates, though diseases evolve, the microbes causing diseases evolve, and our knowledge and understanding of diseases evolve.

I am acquainted with physicians who have endured investigation and sometimes sanction based solely on their use of long-term antibiotic therapy for Lyme disease, regardless of due diligence on their part, regardless of clinical success. I am acquainted with patients who have been unable to access care specific to their need based on physician's fear of coming under investigation. These issues often arise because of the misuse or misinterpretation of the medical literature and clinical guidelines.

The legislature is not the place to settle medical / scientific controversy. But it surely is the place to protect people's rights, freedom, and choice. It is frankly outrageous that such a bill should become necessary to safeguard choice in healthcare, but I believe that it is. **HB 6200** helps to protect a physician's autonomy in determining appropriate treatment for patients. I urge you to support this bill.

*Beatrice M. Szantyr, MD.*